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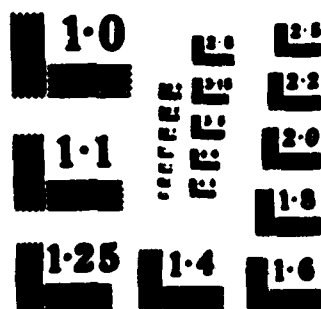
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APPENDIX:

NAVY FAMILY ADVOCACY PROGRAM

ANALYSIS OF CENTRAL REGISTRY REPORTS

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The American Planning Association's Children's Division

APPENDIX:
NAVY FAMILY ADVOCACY PROGRAM
ANALYSIS
OF
CENTRAL REGISTRY REPORTS

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TABLE OF CONTENTS

	<u>PAGE</u>
PREFACE	v
CHAPTER I: METHODOLOGY AND DESCRIPTION OF FORMS PROCESSED	1
CHAPTER II: ANALYSIS OF CHILD ABUSE/NEGLECT REPORTS	18
CHAPTER III: ANALYSIS OF SPOUSE ABUSE REPORTS	35
CHAPTER IV: ANALYSIS OF SEXUAL ASSAULT REPORTS	50
CHAPTER V: SUMMARY ANALYSIS OF FAMILY ADVOCACY PROGRAM REPORTS	56
APPENDIX	66



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T A B L E S

	<u>PAGE</u>
 CHAPTER I: METHODOLOGY	
I-1 Month and Year of Report	3
I-2 Reporting Facilities	7
I-3 Reporting Facility by Year	10
I-4 Reporting Facility by Form Type	12
I-5 Reporting Facility by Incident Type	14
I-6 Reporting Facility by Report Disposition	16
 CHAPTER II: CHILD ABUSE/NEGLECT	
II-1 Form Type	18
II-2 Race of Victim	19
II-3 Race of Sponsor	20
II-4 Rate/Grade of Sponsor	21
II-5 Race of Abuser	22
II-6 Relationship of Abuser to Victim	23
II-7 Rate/Grade of Abuser	25
II-8 Type of Report - As Reported to Navy	26
II-9 Type of Maltreatment	27
II-10 Source of Report to Medical Authorities	28
II-11 Source of Report to FAR	29
II-12 Family Stress Factors	31
II-13 System Responses	34
 CHAPTER III: SPOUSE ABUSE	
III-1 Form Type	35
III-2 Race of Victim	36
III-3 Race of Sponsor	37
III-4 Rate/Grade of Sponsor	38
III-5 Race of Abuser	39
III-6 Rate/Grade of Abuser	40
III-7 Type of Maltreatment	42
III-8 Source of Report to Medical Authorities	42
III-9 Source of Report to FAR	44
III-10 Family Stress Factors	46
III-11 System Responses	49

T A B L E S (cont'd)

	<u>PAGE</u>
CHAPTER IV: SEXUAL ASSAULT	
IV-1 Form Type	51
IV-2 Type of Maltreatment	53
IV-3 Source of Report to Medical Authorities	54
IV-4 System Responses	55
CHAPTER V: SUMMARY ANALYSIS	
V-1 Race of Sponsor	57
V-2 Sponsor Branch of Service	57
V-3 Rate/Grade of Sponsor	58
V-4 Rate/Grade of Abuser	60
V-5 Race of Abuser	61
V-6 System Responses	63
APPENDIX	
A-1 Form Descriptions	67
A-2 Additional Reporting Facility Categories	68
A-3 Master Variable List	69
A-4 Alcohol/Drugs as an Issue in Case	70

FIGURES

	<u>PAGE</u>
A-1 Form Type 1 -- Established Child Abuse/Neglect	71
A-2 Form Type 2 -- Suspected Abuse/Neglect/Sexual Assault and Rape	73
A-3 Form Type 3 -- Established Spouse Abuse/Neglect	74
A-4 Form Type 4 -- Family Advocacy Case Management	77

PREFACE

This report was originally prepared in May, 1983 as an interim project report. Its purpose was to describe the contents of the Central Registry of family advocacy reports maintained by the Bureau of Medicine and Surgery, Department of the Navy, and to highlight some of the issues suggested by the data. At that time, this analysis represented the end product of a complex data processing effort completed by the Children's Division of The American Humane Association. Currently, this analysis serves as a complete documentation of the methodology employed in processing the Central Registry reports and as a record of preliminary findings. It is to be considered as background material for the final report: *The Demographics of Family Violence in the Navy and Marine Corps.*

Chapter I outlines the methodology employed in the data processing effort and describes the resulting data base. *It* outlines how some sixteen different form types were consolidated into one data base, and how data items from the forms were ^{being given} mapped onto a master variable list. Central organizing themes in Chapter I are four basic identifiers: year of report, form type, incident type, and reporting facility identification. Chapters II through IV profile the three incident types: child abuse/neglect, spouse abuse and sexual assault/rape. The information provided describes: victims, sponsors, abusers, and cases. *Finally, Chapter V* ~~is a~~ ^{final chapter} summarizes selected findings and highlights differences among the incident types.

CHAPTER I

METHODOLOGY AND DESCRIPTION OF FORMS PROCESSED

This chapter outlines the methodology employed in the preliminary analysis of Central Registry reports and describes the resulting data base in terms of a few key descriptors. Specifically, at least sixteen different form types and over 8,000 forms were made available to American Humane, representing those forms currently existing in BUMED's Central Registry of family advocacy reports. These forms contain some similar information, but there are form-specific data items as well. Thus, to report on every specific data item from every form provided would have resulted in a complicated and confusing set of findings. Instead, decisions were made to systematize the data processing and data analysis tasks, thereby permitting the concise display of numerous data elements from diverse forms.

The first section of this chapter summarizes the decisions relating to the inclusion/exclusion of forms, and is organized around four basic identifiers: year of report, form type, incident type, and reporting facility identification. The second section describes the mapping process, and how variables from each form type were included or excluded. Finally, the last section describes the data base resulting from these procedures; it is organized by reporting facility.

Decisions Relating to Form Inclusion

Year. In order to describe the current characteristics of Central Registry forms, all forms from 1981 and 1982 were selected for inclusion in the data base. It was felt that forms from the most recent two years properly describe the current situation; moreover, two years' data rather than one

provides a larger data file for analysis. It was believed that since the Family Advocacy Program began so recently and it took some time to develop and distribute forms, reports are now gathered in a more systematic and complete way than in earlier years; thus the registry of older forms does not portray the current picture. In all, about 4000 forms dated prior to 1981 and all undated forms were excluded. However, even given the exclusion of this large number of reports, American Humane processed nearly twice as many forms as the Navy had originally estimated would be made available.

It should be noted that not all incidents that actually occurred in 1982 will be included in this data base. Forms were transferred from the Navy's Central Registry to American Humane during December of 1982; thus, any December incidents occurring after the date of transferral as well as any incidents occurring on bases which had not sent in the reports by the date of transferral would be missing. Table I-1 summarizes the data base by month of report. It clearly indicates that incidents from November and December of 1982 -- and to a lesser extent, from October, 1982 -- are poorly represented in the data base. Thus, it suggests that had these incidents been included, there would have been significantly more reports on file from 1982.

TABLE I-1
MONTH AND YEAR OF REPORT

<u>YEAR</u>	<u>MONTH</u>	<u>NUMBER OF FORMS</u>	<u>PERCENT</u>
<u>1981</u>	<u>All</u>	<u>1851*</u>	<u>50.3</u>
	January	180	4.9
	February	120	3.3
	March	144	4.0
	April	133	3.6
	May	139	3.8
	June	168	4.6
	July	170	4.7
	August	142	3.9
	September	126	3.5
	October	223	6.1
	November	137	3.8
	December	163	4.5
<u>1982</u>	<u>All</u>	<u>1827*</u>	<u>49.7</u>
	January	175	4.8
	February	218	6.0
	March	202	5.5
	April	185	5.1
	May	205	5.6
	June	174	4.8
	July	163	4.5
	August	170	4.7
	September	142	3.9
	October	103	2.8
	November	56	1.5
	December	7	0.2

*Note that yearly totals are slightly greater than the sum of the monthly totals because some reports were not identified by month.

Form Type. Although the number of different form types is quite large, they can be divided into five basic types. Within each type, there are small variations, but essentially similar data elements are available. Table A-1 in the appendix summarizes the basic form types and the variations within each type.

Each form was identified by type, and the following distribution of forms resulted:

<u>Form Type</u>	<u>Number of Forms</u>	<u>Percent</u>
1 - Established Child Abuse/Neglect	350	9.5
2 - Suspected Abuse/Neglect/Sexual Assault and Rape	2404	65.3
3 - Established Spouse Abuse/Neglect	409	11.1
4 - Family Advocacy Case Management	450	12.2
5 - Others	67	1.8

It should be noted that form type 4 identifies each report as either "initial" or "follow-up." All "follow-up" reports (twelve in number) were excluded since these reports are not compatible with the rest.

Incident Type. The Family Advocacy Program aims at serving cases of child abuse/neglect, spouse abuse, and sexual assault/rape. All forms were carefully reviewed and classified into one of these incident types as follows. To be labeled child abuse/neglect, the victim on any form type had to be under eighteen years of age, but not labeled as spouse of the abuser. In addition, for form types 2 and 4 which covered multiple incident types, if sexual abuse was indicated, the abuser had to be known to the victim. To be labeled spouse abuse, the victim and abuser had to be currently and legally married. To be labeled sexual assault/rape, the maltreatment had to be of a sexual nature between unmarried persons, and for victims under 18 years of age, the abuser had to be unknown to the victim. Thus, a coding decision was made that when minors were involved, sexual maltreatment between known parties is a form of

child abuse while between unknown parties indicates sexual assault/rape.

Despite the Navy's primary concern with these three incident types, there was a small number of reports provided that dealt with different kinds of incidents, incidents that could not properly be classified into one of the three above categories. Rather than confuse the larger analysis with a few miscellaneous cases, it was decided to exclude these cases from discussion. The largest number of such cases were cases labeled by the reporter as "verbal argument" or "marital discord", cases in which there was no actual or threatened act of violence and no clearly defined abuser and victim; in all 51 such cases were identified and eliminated from the analysis. (All of these reports were from Pearl Harbor or Guam.) There were 35 other reports eliminated as inappropriate, including 12 cases involving boyfriends, 3 involving ex-spouses, 6 involving a physical (not sexual) assault by an unknown abuser, 4 involving other family-related violence (not spouse or child), 5 with insufficient information to identify an incident type, and 5 miscellaneous cases (such as a request for an abortion or a report relating to an incident that happened 10 years ago). In total, 86 cases were excluded because of inappropriate incident type.

The following distribution describes the reports included in the data base:

<u>Incident Type</u>	<u>Number of Reports</u>	<u>Percent</u>
Child abuse/neglect	1204	32.7
Spouse abuse	2363	64.2
Sexual assault/rape	113	3.1

Reporting Facility Identification. For each report, a reporting facility was identified and coded from the list of Family Advocacy Program facilities provided by the Navy. At least one report was received from each facility on the list except NBRCLINIC BRUNSWICK and NAVHOSP ROOSEVELT ROADS.

Additional "catch-all" categories were created to include reports from locations not on the list; these are described in more detail in Table A-2 in the appendix. In total, 78 percent of the reports came from Navy bases while 20 percent came from Marine bases. Table I-2 portrays the distribution of reporting facilities.

Miscellaneous. During the coding process, 53 duplicate reports were identified and excluded from the analysis; generally speaking, these were xerox copies of an original that were detected by a coder in the course of reading forms.

TABLE I - 2

REPORTING FACILITIES

<u>REPORTING FACILITY</u>	<u>NUMBER OF REPORTS</u>	<u>PERCENT</u>
NAVY	2876.	78.2
NRMC CLINIC ANNAPOLIS	1.	0.0
NRMC BETHESDA	75.	2.0
NRMC BREHERTON	109.	3.0
NRMC CHARLESTON	200.	5.4
NRMC CORPUS CHRISTI	45.	1.2
NRMC GREAT LAKES	168.	4.6
NRMC GUAM	174.	4.7
NAVHOSP GUANTANAMO	10.	0.3
NRMC CLINIC HAWAII	451.	12.3
NRMC JACKSONVILLE	385.	10.5
NAVHOSP KEY WEST	14.	0.4
NAVHOSP LEMOORE	3.	0.1
NRMC LONG BEACH	128.	3.5
NRMC MEMPHIS	74.	2.0
NRMC NAPLES	15.	0.4
NRMC NEWPORT	65.	1.8
NRMC NEW LONDON	70.	1.9
NRMC OAKLAND	97.	2.6
NRMC ORLANDO	27.	0.7
NAVHOSP PAX RIVER	18.	0.5
NRMC PENSACOLA	135.	3.7
NRMC PHILADELPHIA	25.	0.7
NAVHOSP PORT HUENEME	81.	2.2
NRMC PORTSMOUTH	42.	1.1
NAVHOSP ROTA	15.	0.4
NRMC SAN DIEGO	327.	8.9
NRMC CLINIC SEATTLE	4.	0.1
NAVHOSP SUBIC BAY	35.	1.0
US NAVAL ACTIVITIES, UK, LONDON, ENGLAND	3.	0.1
US NAVAL FACILITY, ARGENTIA, NEW FOUNDLAND, CANADA	1.	0.0
NAVHOSP WHIDBEY ISLAND	17.	0.5
NRMC YOKOSUKA	3.	0.1
NAVAL AIR STATIONS	34.	0.9
OTHER NAVY LOCATIONS	25.	0.7
MARINES	738.	20.0
NAVHOSP BEAUFORT	28.	0.8
NRMC CAMP LEJEUNE	299.	8.1
NRMC CAMP PENDLETON	117.	3.2
NAVHOSP CHERRY POINT	44.	1.2
NRMC OKINAWA	14.	0.4
NRMC CLINIC QUANTICO	113.	3.1
29 PALMS, CA	69.	1.9
MARINE CORPS AIR STATIONS	53.	1.4
OTHER MARINE LOCATIONS	1.	0.0
OTHER	66.	1.8
RECEIVED FROM ARMY BASES	37.	1.0
RECEIVED FROM AIR FORCE BASES	29.	0.8

Mapping Decisions

In order to deal with the variety of form types provided by the Navy, a "master variable list" was drawn up consisting of all variables included on any of the forms along with definitions for each value of the variable. Then, each form type was "mapped" onto the master list, variable by variable, depending on whether or not a data item was present, and if so, whether it existed in compatible form. A small number of form-specific variables appear on the master list, but only if the variable seemed to be of central concern to the Navy; other idiosyncratic variables were excluded from the analysis.

In some cases, a variable on the master list might be pre-coded on one form, open-ended on another, and absent on a third. An example is "victim race." However, only when a variable could be consistently coded, was it mapped and included in the analysis. Thus, different totals appear in each table, reflecting which form types contained the variable presented in that table. (Of course, totals also reflect how often information was actually provided for a question, as opposed to being left blank.) Although the varying totals are potentially confusing, the reader is assured that whatever does appear in a table is an accurate representation of what actually exists on the diverse form.

It was also decided that information could systematically be gathered from the narrative questions on each form by developing a set of clear coding categories, and by going through a systematic process of "open-ended coding." Thus, information was gathered in this way on underlying family stress factors, types of maltreatment, and system responses to the maltreatment.

Figures A-1 through A-4 and Table A-3 in the appendix provide a general overview of the major types of variables included in the analysis and where they come from on each form type. Because of time limitations and the small

number of reports, the reader is advised that form type 5 has not yet been mapped onto the data base and that only basic identifiers are included in this interim report.

Description of the Data Base -- Reporting Facility Characteristics

This section provides some useful information on the kinds of reports processed from different reporting facilities. Because the number of reports coming from many facilities is quite small, this number is included in each table and the reader is advised to refer to it when examining percentage distributions. (For example, 100 percent child abuse reports is hardly noteworthy if only one report was received.) In this section, the following tables are presented: reporting facility by year, reporting facility by form type, reporting facility by incident type, and reporting facility by report disposition.

Table I-3 shows the distribution of reporting facilities by year. Perhaps the most useful finding to extract from this table is the identification of which reporting facilities came into the system in 1982, or increased their participation greatly.

TABLE 1-3
REPORTING FACILITY BY YEAR
(PERCENT)

REPORTING FACILITY (# of Reports)	1981	1982
NAVY (2876)	50.9	49.1
NRMC CLINIC ANNAPOLIS (1)	100.0	0.0
NRMC BETHESDA (75)	58.7	41.3
NRMC BREMERTON (109)	83.5	16.5
NRMC CHARLESTON (200)	46.7	53.3
NRMC CORPUS CHRISTI (45)	68.9	31.1
NRMC GREAT LAKES (168)	48.8	51.2
NRMC GUAM (174)	50.6	49.4
NAVHOSP GUANTANAMO (10)	0.0	100.0
NRMC CLINIC HAWAII (451)	48.0	52.0
NRMC JACKSONVILLE (385)	52.7	47.3
NAVHOSP KEY WEST (14)	14.3	85.7
NAVHOSP LEMOORE (3)	100.0	0.0
NRMC LONG BEACH (128)	57.8	42.2
NRMC MEMPHIS (74)	59.5	40.5
NRMC NAPLES (15)	0.0	100.0
NRMC NEWPORT (65)	41.5	58.5
NSMC NEW LONDON (70)	68.6	31.4
NRMC OAKLAND (97)	0.0	100.0
NRMC ORLANDO (27)	81.5	18.5
NAVHOSP PAX RIVER (18)	100.0	0.0
NRMC PENSACOLA (135)	53.3	46.7
NRMC PHILADELPHIA (25)	68.0	32.0
NAVHOSP PORT HUENEME (81)	53.1	46.9
NRMC PORTSMOUTH (42)	64.3	35.7
NAVHOSP ROTA (15)	0.0	100.0
NRMC SAN DIEGO (327)	45.6	54.4
NRMC CLINIC SEATTLE (4)	25.0	75.0
NAVHOSP SUBIC BAY (35)	74.3	25.7
US NAVAL ACTIVITIES, UK, LONDON, ENGLAND (3)	66.7	33.3
US NAVAL FACILITY, ARGENTIA, NEW FOUNDLAND, CANADA (1)	0.0	100.0
NAVHOSP MIDREY ISLAND (17)	100.0	0.0
NRMC YOKOSUKA (3)	0.0	100.0
NAVAL AIR STATIONS (34)	41.2	58.8
OTHER NAVY LOCATIONS (25)	32.0	68.0
MARINES (738)	46.9	53.1
NAVHOSP BEAUFORT (28)	0.0	100.0
NRMC CAMP LEJEUNE (299)	43.1	56.9
NRMC CAMP PENDLETON (117)	41.6	58.4
NAVHOSP CHERRY POINT (44)	40.9	59.1
NRMC OKINAWA (14)	71.4	28.6
NRMC CLINIC QUINTICO (113)	80.5	19.5
29 PALMS, CA (69)	56.5	43.5
MARINE CORPS AIR STATIONS (53)	15.1	84.9
OTHER MARINE LOCATIONS (1)	0.0	100.0
OTHER (64)	63.6	36.4
RECEIVED FROM ARMY BASES (37)	75.7	24.3
RECEIVED FROM AIR FORCE BASES (29)	48.3	51.7

Table I-4 looks at reporting facility by form type. Basically, it gives a profile of what kinds of forms are in use at each Navy and Marine location. The issue that comes to mind is why some form types are not being used at all in places where they should be expected to be used. The Navy might want to standardize usage of currently existing forms, or conversely, to redesign and/or consolidate forms in the future.

TABLE I-4
REPORTING FACILITY BY FORM TYPE
(PERCENT)

REPORTING FACILITY (# of Reports)	1	2	3	4	5
NAVY (2876)	11.1%	72.6%	10.1%	6.1%	0.0%
NRMC CLINIC ANNAPOLIS (1)	0.0	100.0	0.0	0.0	0.0
NRMC BETHESDA (75)	13.3	21.3	65.3	0.0	0.0
NRMC BREMERTON (109)	5.5	94.5	0.0	0.0	0.0
NRMC CHARLESTON (200)	0.5	99.5	0.0	0.0	0.0
NRMC CORPUS CHRISTI (45)	0.0	71.1	28.9	0.0	0.0
NRMC GREAT LAKES (168)	4.2	95.8	0.0	0.0	0.0
NRMC GUAM (174)	0.0	100.0	0.0	0.0	0.0
NAVHOSP GUANTANAMO (10)	20.0	50.0	30.0	0.0	0.0
NRMC CLINIC HAWAII (451)	18.4	80.7	0.9	0.0	0.0
NRMC JACKSONVILLE (385)	27.8	49.1	23.1	0.0	0.0
NAVHOSP KEY WEST (14)	21.4	78.6	0.0	0.0	0.0
NAVHOSP LEMOORE (3)	66.7	33.3	0.0	0.0	0.0
NRMC LONG BEACH (128)	2.3	11.7	21.9	64.1	0.0
NRMC MEMPHIS (74)	0.0	100.0	0.0	0.0	0.0
NRMC NAPLES (15)	13.3	66.7	20.0	0.0	0.0
NRMC NEWPORT (65)	29.2	53.9	16.9	0.0	0.0
NSMC NEW LONDON (70)	0.0	2.9	18.6	78.6	0.0
NRMC OAKLAND (97)	1.0	97.9	1.0	0.0	0.0
NRMC ORLANDO (27)	7.4	29.6	63.0	0.0	0.0
NAVHOSP PAX RIVER (18)	0.0	100.0	0.0	0.0	0.0
NRMC PENSACOLA (135)	4.4	95.6	0.0	0.0	0.0
NRMC PHILADELPHIA (25)	0.0	16.0	84.0	0.0	0.0
NAVHOSP PORT HUENEME (81)	18.5	63.0	18.5	0.0	0.0
NRMC PORTSMOUTH (42)	0.0	9.5	0.0	90.5	0.0
NAVHOSP ROTA (15)	0.0	100.0	0.0	0.0	0.0
NRMC SAN DIEGO (327)	12.2	87.8	0.0	0.0	0.0
NRMC CLINIC SEATTLE (4)	25.0	75.0	0.0	0.0	0.0
NAVHOSP SUBIC BAY (35)	14.3	28.6	57.1	0.0	0.0
US NAVAL ACTIVITIES,					
UK, LONDON, ENGLAND (3)	33.3	66.7	0.0	0.0	0.0
US NAVAL FACILITY, ARGENTIA,					
NEW FOUNDLAND, CANADA (1)	0.0	0.0	0.0	0.0	100.0
NAVHOSP WHIDBEY ISLAND (17)	0.0	100.0	0.0	0.0	0.0
NRMC YOKOSUKA (3)	33.3	66.7	0.0	0.0	0.0
NAVAL AIR STATIONS (34)	5.9	82.4	11.8	0.0	0.0
OTHER NAVY LOCATIONS (25)	4.0	96.0	0.0	0.0	0.0
MARINES (738)	4.1	42.7	16.0	37.3	0.0
NAVHOSP BEAUFORT (28)	3.6	78.6	17.9	0.0	0.0
NRMC CAMP LEJEUNE (299)	1.7	50.2	3.3	44.8	0.0
NRMC CAMP PENDLETON (117)	0.0	9.4	0.9	89.7	0.0
NAVHOSP CHERRY POINT (44)	0.0	100.0	0.0	0.0	0.0
NRMC OKINAWA (14)	21.4	50.0	28.6	0.0	0.0
NRMC CLINIC QUANTICO (113)	16.8	21.2	62.0	0.0	0.0
29 PALMS, CA (69)	0.0	79.7	1.5	18.8	0.0
MARINE CORPS AIR STATIONS (53)	3.8	1.9	50.9	43.4	0.0
OTHER MARINE LOCATIONS (1)	0.0	100.0	0.0	0.0	0.0
OTHER (66)	0.0	0.0	0.0	0.0	100.0
RECEIVED FROM ARMY BASES (37)	0.0	0.0	0.0	0.0	100.0
RECEIVED FROM AIR FORCE BASES (29)	0.0	0.0	0.0	0.0	100.0

The distribution of incident types for each reporting facility is quite interesting (see Table 1-5). In particular, one wonders why the distributions should vary so much, and whether this reflects actual incidence of the three incident types, or whether there is differential reporting. Further analysis of a demographic sort would provide a first step in understanding these issues.

TABLE I-5

REPORTING FACILITY BY INCIDENT TYPE
(PERCENT)

REPORTING FACILITY	(# of Reports)	CHILD ABUSE/ NEGLECT	SPOUSE ABUSE	SEXUAL ASSAULT/RAPE
NAVY (2876)		33.1%	63.6%	3.3%
NRMC CLINIC ANNAPOLIS (1)		0.0	100.0	0.0
NRMC BETHESDA (75)		18.7	66.7	14.7
NRMC BREMERTON (109)		35.8	56.9	7.3
NRMC CHARLESTON (200)		14.5	77.5	8.0
NRMC CORPUS CHRISTI (45)		31.1	60.0	8.9
NRMC GREAT LAKES (168)		31.0	67.3	1.8
NRMC GUAM (174)		36.8	60.9	2.3
NAVHOSP GUANTANAMO (10)		50.0	50.0	0.0
NRMC CLINIC HAWAII (451)		18.4	81.6	0.0
NRMC JACKSONVILLE (385)		40.3	59.5	0.3
NAVHOSP KEY WEST (14)		35.7	57.1	7.1
NAVHOSP LEMOORE (3)		100.0	0.0	0.0
NRMC LONG BEACH (128)		32.8	65.6	1.6
NRMC MEMPHIS (74)		21.6	73.0	5.4
NRMC NAPLES (15)		60.0	40.0	0.0
NRMC NEWPORT (65)		44.6	53.9	1.5
NRMC NEW LONDON (70)		28.6	71.4	0.0
NRMC OAKLAND (97)		53.6	39.2	7.2
NRMC ORLANDO (27)		14.8	81.5	3.7
NAVHOSP PAX RIVER (18)		0.0	100.0	0.0
NRMC PENSACOLA (135)		42.2	53.3	4.4
NRMC PHILADELPHIA (25)		8.0	88.0	4.0
NAVHOSP PORT HUENEME (81)		48.2	46.9	4.9
NRMC PORTSMOUTH (42)		76.2	21.4	2.4
NAVHOSP ROTA (15)		33.3	66.7	0.0
NRMC SAN DIEGO (327)		42.8	51.4	5.8
NRMC CLINIC SEATTLE (4)		50.0	50.0	0.0
NAVHOSP SUBIC BAY (35)		17.1	82.9	0.0
US NAVAL ACTIVITIES, UK, LONDON, ENGLAND (3)		66.7	33.3	0.0
US NAVAL FACILITY, ARGENTIA, NEW POUNDLAND, CANADA (1)		100.0	0.0	0.0
NAVHOSP WHIDBEY ISLAND (17)		35.3	64.7	0.0
NRMC YOKOSUKA (3)		33.3	66.7	0.0
NAVAL AIR STATIONS (34)		23.5	73.5	2.9
OTHER NAVY LOCATIONS (25)		60.0	40.0	0.0
MARINES (738)		25.3	72.2	2.4
NAVHOSP BEAUFORT (28)		3.6	89.3	7.1
NRMC CAMP LEJEUNE (299)		26.4	73.2	0.3
NRMC CAMP PENDLETON (117)		24.8	70.1	5.1
NAVHOSP CHERRY POINT (44)		29.6	63.6	6.8
NRMC OKINAWA (14)		35.7	57.1	7.1
NRMC CLINIC QUANTICO (113)		23.9	76.1	0.0
29 PALMS, CA (69)		34.8	58.0	7.3
MARINE CORPS AIR STATIONS (53)		15.1	84.9	0.0
OTHER MARINE LOCATIONS (1)		100.0	0.0	0.0
OTHER (66)		100.0	0.0	0.0
RECEIVED FROM ARMY BASES (37)		100.0	0.0	0.0
RECEIVED FROM AIR FORCE BASES (29)		100.0	0.0	0.0

Finally, Table I-6 examines report dispositions -- whether reports were indicated as suspected or established. The reader should be aware that this information came from three different places, and that priorities were established regarding how a report should be coded. First, certain form types (types 1, 2, and 3) are labeled as either suspected or established form types; if no other information contradicted this, the form type label was used to define case disposition. Second, form type 4 includes a place for the reporter to check off either suspected or established; again, if no other information contradicted this, this item was used to define case disposition. Finally, upon central review by the Navy, some reports included a handwritten disposition and date at the top of the form; if this handwritten disposition contradicted either of the above designated dispositions, it was chosen as the report disposition for this data base. The reasoning behind this decision was that the handwritten disposition was added at a later date, presumably after additional information became available; it represented a recognition that, for example, a case previously thought to be suspected was now viewed as established.

As Table I-6 indicates, there is wide variation in disposition among reporting facilities. If the Navy feels that this is an important variable, further analysis would be useful in explicating these findings.

TABLE I-6
REPORTING FACILITY BY REPORT DISPOSITION
(PERCENT)

REPORTING FACILITY (# of Reports)	SUSPECTED	ESTABLISHED
NAVY (2876)	79.2%	20.8%
NRMC CLINIC ANNAPOLIS (1)	100.0	0.0
NRMC BETHESDA (75)	28.0	72.0
NRMC BREMERTON (109)	94.5	5.5
NRMC CHARLESTON (200)	99.5	0.5
NRMC CORPUS CHRISTI (45)	73.3	26.7
NRMC GREAT LAKES (168)	95.8	4.2
NRMC GUAM (174)	100.0	0.0
NAVHOSP GUANTANAMO (10)	50.0	50.0
NRMC CLINIC HAWAII (451)	87.8	12.2
NRMC JACKSONVILLE (385)	60.3	39.7
NAVHOSP KEY WEST (14)	78.6	21.4
NAVHOSP LENOORE (3)	33.3	66.7
NRMC LONG BEACH (128)	32.0	68.0
NRMC MEMPHIS (74)	100.0	0.0
NRMC NAPLES (15)	66.7	33.3
NRMC NEWPORT (65)	53.9	46.2
NRMC NEW LONDON (70)	59.4	40.6
NRMC OAKLAND (97)	97.9	2.1
NRMC ORLANDO (27)	33.3	66.7
NAVHOSP PAX RIVER (18)	100.0	0.0
NRMC PENSACOLA (135)	97.0	3.0
NRMC PHILADELPHIA (25)	52.0	48.0
NAVHOSP PORT HUENEME (81)	70.4	29.6
NRMC PORTSMOUTH (42)	51.2	48.8
NAVHOSP ROTA (15)	100.0	0.0
NRMC SAN DIEGO (327)	88.1	11.9
NRMC CLINIC SEATTLE (4)	75.0	25.0
NAVHOSP SUBIC BAY (35)	28.6	71.4
US NAVAL ACTIVITIES, UK, LONDON, ENGLAND (3)	66.7	33.3
US NAVAL FACILITY, ARGENTIA, NEW FOUNDLAND, CANADA (1)	0.0	0.0
NAVHOSP WHIDBEY ISLAND (17)	100.0	0.0
NRMC YOKOSUKA (3)	66.7	33.3
NAVAL AIR STATIONS (34)	91.2	8.8
OTHER NAVY LOCATIONS (25)	96.0	4.0
MARINES (738)	63.0	37.0
NAVHOSP BEAUFORT (28)	82.1	17.9
NRMC CAMP LEJEUNE (299)	76.6	23.4
NRMC CAMP PENDLETON (117)	47.0	53.0
NAVHOSP CHERRY POINT (44)	100.0	0.0
NRMC OKINAWA (14)	57.1	42.9
NRMC CLINIC QUINTICO (113)	39.8	60.2
29 PALMS, CA (69)	82.6	17.4
MARINE CORPS AIR STATIONS (53)	5.7	94.3
OTHER MARINE LOCATIONS (1)	100.0	0.0
OTHER (44)	--	--
RECEIVED FROM ARMY BARRS (37)	--	--
RECEIVED FROM AIR FORCE BARRS (29)	--	--

In sum, it is evident that the reports sent into the Central Registry from various reporting facilities vary a great deal in their basic characteristics. Of course, one would not expect complete uniformity due to a number of factors -- demographic differences, in particular. However, the Navy may have anticipated somewhat greater similarities. To the extent that the Navy has specific questions about reporting facility characteristics, additional analyses could be done.

CHAPTER II

ANALYSIS OF CHILD ABUSE/NEGLECT REPORTS

There are a total of 1,204 reports of child abuse/neglect in the Central Registry data file, comprising one-third of the data base. Sixty percent of these reports come from 1981, and 40 percent from 1982. About half of the reports are recorded on form type 2 -- a "suspected" form type, and nearly one-third come from form type 1 -- an "established" form type (see Table II-1). Given the modifications in report disposition made by central review by the Navy, exactly one-third of the reports were indicated as established, and two-thirds as suspected.

TABLE II-1

FORM TYPE

(N=1204)

<u>Form Type</u>	<u>Percent</u>
1	29.1
2	51.0
3	0.0
4	14.4
5	5.6

Victim Characteristics

As is typical of child abuse/neglect reports in general, half of the victims are male (49.5 percent) and half are female (50.5 percent). The median age of victims is 2.8 years, an age significantly lower than the nationally reported average of about 7.2 years. About four-fifths of the

victims are white, one-tenth black, and the remainder of other races (see Table II-2). These demographic characteristics of victims will be compared to the demographic characteristics of all Navy dependent children in a later report.

TABLE II-2
RACE OF VICTIM
(N=478)

	<u>Percent</u>
White	81.2
Black	11.9
Other	6.9

Sponsor Characteristics

Sponsor information is not available on form type 2 and has not yet been coded from form type 5, so the information in this section comes from form types 1 and 4 only (523 cases). Ninety-four percent of the sponsors are male, and their median age is 26.6 years. Ninety-two percent are currently married, seven percent are divorced or separated, and less than one percent each are single and widowed. By definition, the sponsor is a parent to the victim child, and 81 percent are natural parents, 17 percent step-parents, and 1 percent adoptive parents. The racial composition of this group parallels that of victims (see Table II-3).

TABLE II-3
RACE OF SPONSOR
(N=324)

	<u>Percent</u>
White	83.6
Black	10.5
Other	5.9

It is noteworthy that the sponsor was indicated as the abuser in 53 percent of the cases. Given the way the forms were structured, it was likely that only one abuser would be indicated even though there may have indeed been more than one person responsible for the reported abuse/neglect. Thus, one should assume that the sponsor was the primary abuser in half of the cases, but that this may be an underestimate of the sponsor's actual involvement.

Three percent of all sponsors are retired military personnel. Of the 97 percent in active status, 69 percent are Navy personnel while 31 percent are in the Marines. Table II-4 displays the rate/grade distribution of all sponsors. Note that over 70 percent are petty officers (mostly at the E-4, E-5, or E-6 grades) and that 24 percent are at general apprenticeship rates (the majority at the E-3 grade).

TABLE II-4
RATE/GRADE OF SPONSOR
(N=299)

	<u>Percent</u>
<u>General Apprenticeship - Total</u>	<u>24.1</u>
E-1	1.3
E-2	5.4
E-3	17.4
<u>Petty Officers - Total</u>	<u>71.6</u>
E-4	20.1
E-5	23.4
E-6	17.7
E-7	8.0
E-8	2.3
E-9	0.0
<u>Warrant Officers - Total*</u>	<u>0.3</u>
<u>Commissioned Officers - Total*</u>	<u>4.0</u>

*The number of cases falling into this category is too small to permit finer breakdown.

Abuser Characteristics

This section describes those persons indicated as abusers in the Central Registry, but it should be remembered that in many cases, the actual individuals described here are also sponsors. Sixty-four percent of the abusers are male, and their median age is 25.5 years. The racial composition of this group parallels that of victims and sponsors (see Table II-5). Concerning relationship to victim, there are fewer parent-child relationships (and fewer natural parent-natural child relationships) than for sponsor to victim relationships, but still parents are disproportionately indicated as abusers (see Table II-6).

TABLE II-5
RACE OF ABUSER
(N=431)

	<u>Percent</u>
White	81.7
Black	12.5
Other	5.8

TABLE II-6
RELATIONSHIP OF ABUSER TO VICTIM*

	<u>Percent</u>
<u>Parent</u>	<u>88.0</u>
Natural Parent	72.5
Step Parent	16.2
Adoptive Parent	0.9
<u>Other Relative</u>	<u>1.2</u>
<u>Non-Relative</u>	<u>9.4</u>
Teacher	0.3
Babysitter	2.9
Neighbor/friend of family	4.6
Other	1.5
<u>Unknown to Victim</u>	<u>0.1</u>

*The percentages for major categories are based on 1,111 reports from all form types. The percentages for sub-categories are based on 345 reports of form type 1. Because they come from different distributions, the sub-categories may not add up precisely to the total percent for the category.

Sixty-two percent of all abusers are of active military status and an additional 4 percent are retired military personnel. Of those currently active, 71 percent are Navy personnel and 28 percent Marines. Their rate/grade distribution is indicated in Table II-7. Note that this distribution fairly closely parallels that of sponsors.

TABLE II-7
RATE/GRADE OF ABUSER
(N=309)

	<u>Percent</u>
<u>General Apprenticeship - Total</u>	<u>20.4</u>
E-1	2.3
E-2	4.9
E-3	13.3
<u>Petty Officers - Total</u>	<u>73.5</u>
E-4	17.2
E-5	23.3
E-6	23.0
E-7	8.7
E-8	1.3
E-9	-
<u>Warrant Officers - Total*</u>	<u>0.7</u>
<u>Commissioned Officers - Total*</u>	<u>5.9</u>

*The number of cases falling into this category is too small to permit finer breakdown.

Case Information

Child abuse reports made to the Navy are of a variety of types, with just over half being reports of physical abuse; neglect reports constitute just over one-quarter, and sexual assault reports about 15 percent (see Table II-8). This contrasts with national reporting in the civilian community in which neglect reports far outnumber abuse reports, and it reflects the Navy's primary characterization of the phenomena of child abuse and neglect as medical problems.

TABLE II-8
TYPE OF REPORT - AS REPORTED TO NAVY
(N=1143)

	<u>Percent</u>
Physical abuse	54.7
Sexual assault/abuse	15.3
Rape	0.7
Emotional/psychological abuse	0.9
Neglect	27.8
Homicide/fatality	0.1
Unspecified/other	0.5

Actual maltreatment sustained by the victim was also coded from narrative sections on the forms; this data represents information determined from the Navy investigation of the report, is more detailed than the general report type, and may include more than one type of maltreatment. However, as indicated in Table II-9, this independent indicator of child maltreatment very closely matches the type of report. (Note that the category of threatening behavior will be discussed in Chapter III since it is more relevant to the

subject of spouse abuse.) There was a total of 10 fatalities identified in this process.

TABLE II-9
TYPE OF MALTREATMENT*
(N=1070)

	<u>Percent</u>
No maltreatment indicated	1.5
Threatening behavior	3.9
Physical maltreatment	52.6
Sexual maltreatment	16.4
Deprivation of necessities	30.6
Emotional maltreatment	1.7

*May sum to greater than 100% because more than one maltreatment may have been indicated.

Source of report to medical authorities is indicated in Table II-10. Note that the most frequent source of referral is self-referral (including sponsor and sponsor spouse), but that nearly one-third of the cases have an "other" source of report. Also note that percentages of social service and medical personnel reports are underestimates because they did not appear as choices on each form type; some of these are undoubtedly included in the "other" category. Although this table is not as informative as one would like, it is presented to make the point that form design is a critical part of the information collection process and that without clear and comprehensive lists of coding categories, data will be less than fully informative.

TABLE II-10
SOURCE OF REPORT TO MEDICAL AUTHORITIES
(N=696)

	<u>Percent</u>
Civilian police	3.3
Military police/security	12.4
Social service	6.6 ^a
Self-referred	35.1
Medical personnel	10.9 ^b
Other	31.8

a) This category was indicated on form type 1 only, and social service sources from form type 2 are included as "other."

b) This category was included on form type 2 only, and medical sources from form type 1 are included as "other."

Based on form type 4 only, Table II-11 contains another kind of referral information, how information was brought to the FAR. Given the categories to select from, pediatric clinic and social service personnel were the most frequent sources of referral. Clearly, the differences between these two tables suggest the need to determine in advance the kind of information needed, and then to spell it out clearly in form design.

TABLE II-11
SOURCE OF REPORT TO FAR
(N=164)

	<u>Percent</u>
Civilian police	5.5
Military police/security	9.2
Civilian social services	12.8
Sponsor	6.7
Sponsor spouse	7.9
Sponsor's command	2.4
Emergency room	6.1
Pediatric clinic	23.8
Inpatient medical service	2.4
Alcohol treatment facility	1.2
Outpatient services	4.3
Military social services	3.0
Anonymous caller	0.6
School	2.4
Family friend	1.8
Neighbor	4.3
Child care center	1.8
Babysitter	1.8
Other	1.8

Family stress factors -- underlying conditions which were perceived by the reporter to produce tension, stress, and problems -- were also coded from narrative responses on the forms. (In addition, stress factors were taken from the precoded lists of family stress factors on form type 4.) In total, at least one stress factor was identified in 43 percent of the cases, but the absence of such factors may be due either to their absence in the family or to the reporter's failure to indicate them. (Reporters were asked to summarize incidents, and very often, this included a description of underlying conditions; however, it was not clearly spelled out that such conditions must be listed.) Table II-12 is based on the total of all reports (except form type 5), and thus represents a conservative estimate of the proportion of cases in which stress factors are present. Family interaction factors were indicated in one-third of the cases, with the majority of these being instances of history of family violence (previous instances of abuse). Alcohol/drug problems were evident in nearly 10 percent of the cases. It had been expected that job problems related to the specific characteristics of military life would create stresses in many families, but such indications are minimal. In sum, these estimates of stress factors are suggestive, but the methodology employed of necessity underestimates actual stresses in families. It is common on many state Child Protective Services reporting forms to include a pre-coded list of stress factors to be checked off by the social worker, and such a procedure may be appropriate for the Navy as well. If these findings are thought to be useful, future form revision in the Navy might include a list such as the one on form type 4.

TABLE II-12
FAMILY STRESS FACTORS
(N=1137)

	Percent
<u>Health problems - total</u>	<u>13.7</u>
-Alcohol/drug abuse or dependency	9.1
-Other health problems	4.8
<u>Economic or physical living situation problems - total</u>	<u>6.9</u>
-Assignment/relocation problems	1.2
-Separation of husband/wife due to job	1.1
-Other job stresses	0.6
-Other economic or physical living situation problems	5.2
<u>Family interaction problems - total</u>	<u>34.2</u>
-Inappropriate methods of discipline	5.1
-Marital problems	4.0
-History of family violence	20.5
-Other family interaction problems	6.4

Finally, we turn to the subject of system responses to the reports. Again, these were coded from narratives on the forms, and some information was available on 98 percent of the forms. The information in Table II-13 is based on this total only. It should be noted that attempts were made to determine whether actions taken (or to be taken) were done by the Navy or by civilian agencies, but if it could not be determined, actions were listed as of unspecified origin. In summary, 14 percent of the cases involved court/disciplinary/legal action (excluding notifying the commanding officer), 40 percent were served by immediate or short-term crisis services, and nearly two-thirds were served by long-term/support services. (Examples of short-term crisis services are: emergency medical care and emergency placement. Examples of support services are: ongoing counseling, referral for alcohol treatment, foster care, and parenting education.) It is particularly noteworthy that in nearly half the cases, the Navy notified civilian authorities about the case (either Child Protective Services or the police). Combining these cases with cases in which civilian agencies provided services or were involved in legal action, civilian agencies were involved in 76 percent of all cases known to the Navy. The reporter indicated that he involved a Family Service Center in only 4 percent of the cases. Coded from narrative responses, the reporter notified or recommended notification of the commanding officer in 9 percent of the cases; this occurred in 13 percent of the cases in which the abuser was a military person. However, on form type 1 where there is an opportunity to check off whether or not the CO should be notified, this was answered in the affirmative in 40 percent of the cases. Moreover, when examining only those cases from form type 1 in which the abuser was a military person, the CO was notified 52 percent of the time. Again, the way a question is worded -- or whether it is asked at all --

determines the conclusions one can draw from reporting data. Finally, though not indicated in Table II-13, the narratives indicated that in most of the remaining cases a medical examination or other investigation was done, and options were outlined for the family.

TABLE II-11
SYSTEM RESPONSES
(N=1117)

	<u>Percent</u>
<u>Court/disciplinary/legal action - all</u>	<u>13.8</u>
Navy	1.4
Civilian	12.0
Unspecified	0.8
<u>Immediate or short-term crisis services - all</u>	<u>40.5</u>
Navy	20.8
Civilian	10.4
Unspecified	14.1
<u>Long-term or support services - all</u>	<u>65.3</u>
Navy	43.3
Civilian	27.8
Unspecified	22.6
<u>Miscellaneous responses</u>	
Involved person took action to remedy situation	5.4
Civilian authorities notified by Navy	46.4
Family Service Center notified or already involved in case	1.8

CHAPTER III
ANALYSIS OF SPOUSE ABUSE REPORTS

There are a total of 2,363 reports of spouse abuse in the Central Registry data file, comprising 64 percent of the data base. These are relatively evenly split between the years, with 46 percent of the reports from 1981 and 54 percent from 1982. Reports come predominately from form type 2 (see Table III-1). Reflecting this heavy representation from the "Suspected Abuse/Neglect/Sexual Assault and Rape Report" form type, over three-quarters (79 percent) of the reports remained labeled as suspected spouse abuse, even after modifications were made by Navy central review.

TABLE III-1
FORM TYPE
(N=2363)

<u>Form Type</u>	<u>Percent</u>
1	0.0
2	71.4
3	17.3
4	11.4
5	0.0

Victim Characteristics

It is not a surprising finding that nearly all (96 percent) of the spouse abuse victims are female. Although most of these victims are dependent

military spouses, 15 percent are themselves active military members. Of these, 46 percent are at the general apprenticeship level, 52 percent at the petty officer level, and only 2 percent warrant officers and above. Their median age is 24.8 years, and the majority of victims are white (see Table III-2).

TABLE III-2
RACE OF VICTIM
(N=647)

	<u>Percent</u>
White	58.1
Black	29.1
Other	12.8

Sponsor Characteristics

Sponsor information is not available on form type 2, and the information in this section comes from the subset of 677 spouse abuse cases recorded on form types 3 and 4. Sponsors are nearly all male (97 percent), with a median age of 24.6 years. The racial composition of this group parallels that of victims (see Table III-3). Sponsors were the victims of spouse abuse in 7 percent of the cases, and the abusers in 93 percent of the cases.

TABLE III-3
RACE OF SPONSOR
(N=624)

	<u>Percent</u>
White	60.4
Black	32.4
Other	7.2

Eight percent of all sponsors are retired military personnel. Of the 92 percent in active status, 49 percent are Navy personnel while 51 percent are in the Marines. The distribution of rate/grades for sponsors in active status is contained in Table III-4.

TABLE III-4
RATE/GRADE OF SPONSOR
(N=375)

	<u>Percent</u>
<u>General Apprenticeship - Total</u>	<u>30.4</u>
E-1	3.2
E-2	8.5
E-3	18.7
<u>Petty Officers - Total</u>	<u>65.6</u>
E-4	18.4
E-5	25.6
E-6	14.4
E-7	6.1
E-8	1.1
E-9	-
<u>Warrant Officers - Total*</u>	<u>0.3</u>
<u>Commissioned Officers - Total*</u>	<u>3.7</u>

*The number of cases falling into this category is too small to permit finer breakdown.

Abuser Characteristics

Some abuser information is based on form types 2, 3, and 4, but other information comes only from the subset of 677 spouse abuse cases from form types 3 and 4. In the latter case, abuser and sponsor information will be almost identical, given that they come from the same subset of forms and that nearly all sponsors are also abusers. However, the information is all presented in this section for easy reference.

Abusers are nearly all male (96 percent), with a median age of 24.8 years. The racial composition is indicated in Table III-5.

TABLE III-5
RACE OF ABUSER
(N=640)

	<u>Percent</u>
White	59.5
Black	32.7
Other	7.8

Most (88 percent) of the abusers in spouse abuse cases are of active military status, and an additional 7 percent are retired military persons. Of those in active duty, a majority -- 51 percent -- are Marines, while 49 percent are in the Navy. Table III-6 summarizes their military rate/grades.

TABLE III-6
RATE/GRADE OF ABUSER
(N-1120)

	<u>Percent</u>
<u>General Apprenticeship - Total</u>	<u>27.6</u>
E-1	2.6
E-2	5.8
E-3	19.2
<u>Petty Officers - Total</u>	<u>69.1</u>
E-4	19.3
E-5	28.3
E-6	14.3
E-7	5.4
E-8	1.7
E-9	0.1
<u>Warrant Officers - Total*</u>	<u>0.4</u>
<u>Commissioned Officers - Total*</u>	<u>2.9</u>

*The number of cases falling into this category is too small to permit finer breakdown.

Case Information

Unlike the child abuse data base, nearly all reports of spouse abuse made to the Navy are recorded as reports of physical abuse (97 percent). Only 2 percent of the reports are labeled as emotional/psychological abuse, and less than 1 percent each of the reports are labeled sexual assault/abuse, rape, or neglect. In the absence of more comprehensive and universal legal definitions of spouse abuse (as exist for child abuse/neglect), this finding indeed reflects what is commonly perceived as spouse abuse -- the physical beating or maltreatment of one spouse by another.

Actual maltreatment sustained by the victim was coded from narrative sections on the forms, as discussed in Chapter II. Table III-7 summarizes the types of maltreatment found for cases of spouse abuse. Note that in about one-third of the cases, the most serious maltreatment found was threatening behavior -- an action in which a threat was made that could have resulted in physical harm, such as brandishing a weapon, throwing objects, or pushing or shoving the victim. Physical maltreatment was indicated in two-thirds of the cases -- actions in which a more serious physical act occurred, such as kicking, beating, or punching in the head, or any action which actually resulted in a physical injury. (There was one fatality indicated.) It is noteworthy that these coding categories were developed expressly for this investigation and do not match any definitions previously established by the Navy. In fact, it suggests the need to expand upon existing definitions of abuse (such as those in Section 1 of BUMEDINST 6320.57) to more adequately cover the subject of spouse abuse. Threatening behavior should indeed be included as a reportable condition of spouse abuse, but this needs to be differentiated from actual physical maltreatment, on the one hand, and mere verbal argument in which there is no victim or abuser, on the other.

TABLE III-7

TYPE OF MALTREATMENT*

(N=2062)

	<u>Percent</u>
No maltreatment indicated	0.8
Threatening behavior	32.2
Physical maltreatment	66.1
Sexual maltreatment	0.7
Deprivation of necessities	0.4
Emotional maltreatment	1.4

*May sum to greater than 100% because more than one maltreatment may have been indicated.

Source of report to medical authorities is indicated in Table III-8; this information comes from form types 2 and 3. Clearly, the most common source is self-referral (58 percent) which includes reports made by either the sponsor or the sponsor spouse. Military police/security made referrals in about 20 percent of the cases, and medical personnel in nearly 10 percent.

TABLE III-8

SOURCE OF REPORT TO MEDICAL AUTHORITIES

(N=1777)

	<u>Percent</u>
Civilian police	4.5
Military police/security	21.3
Self-referred	58.1
Medical personnel	9.2
Other	7.0

Form type 4 contains another type of information, how information was brought to the FAR (see Table III-9). Given the available options to choose from, the emergency room was listed as taking information to the FAR in 40 percent of the cases, followed by military police/security in 25 percent, and sponsor/sponsor spouse in 12 percent. As indicated in Chapter II, the wide variability between these two indicators suggests the need to determine exactly what kind of information is needed for management purposes, and then spell it out clearly in form design.

TABLE III-9
SOURCE OF REPORT TO FAR
(N=260)

	<u>Percent</u>
Civilian police	2.3
Military police/security	25.4
Civilian social services	0.4
Sponsor	1.2
Sponsor spouse	11.2
Sponsor's command	2.3
Emergency room	40.4
Pediatric clinic	0.8
Inpatient medical service	1.9
Alcohol treatment facility	3.1
Outpatient services	6.2
Military social services	2.3
Family friend	0.4
Legal officer	0.8
Chaplain	1.5

Family stress factors were also coded from narrative responses on the forms, and at least one stress factor was identified in 46 percent of the cases. However, as described previously, the absence of such factors may be due either to their absence in the family or to the reporter's failure to indicate them. Table III-10 is based on the total of all reports, and thus represents a conservative estimate of the proportion of cases in which stress factors are present. Family interaction factors were indicated in over a third of the cases, with nearly one-quarter showing a history of family violence (previous instances of abuse). Alcohol/drug problems were recorded in over 10 percent of the cases. As was also suggested for child abuse cases, it had been thought that job problems related to the specific characteristics of military life would create stresses in many families, but again such indications were very rare. In sum, these estimates of stress factors are suggestive only, and if the Navy feels these findings are useful, the inclusion of a pre-coded list of stress factors (such as the list on form type 4) may be appropriate.

TABLE III-10
FAMILY STRESS FACTORS
(N=2363)

	<u>Percent</u>
<u>Health problems - total</u>	13.9
-Alcohol/drug abuse or dependency	12.8
-Other health problems	1.2
<u>Economic or physical living situation problems - total</u>	5.1
-Assignment/relocation problems	1.1
-Separation of husband/wife due to job	0.1
-Other job stresses	0.6
-Other economic or physical living situation problems	3.6
<u>Family interaction problems - total</u>	36.7
-Inappropriate methods of discipline	0.2
-Marital problems	12.3
-History of family violence	24.1
-Other family interaction problems	1.8

An interesting result occurs when the subject of alcohol/drug use is considered. In addition to the narrative coding, there are a total of nine pre-coded questions related to alcohol/drug use as a factor in the spouse abuse coming from the various form types. (Table A-4 in the appendix summarizes these indicators.) A composite measure was created from all of these, indicating whether alcohol/drugs were mentioned at all as a factor in the case. On this measure, 42 percent of the reports indicated the affirmative. That is, in over two-fifths of the spouse abuse reports made, alcohol/drug use was thought to be a factor in the case. Furthermore, most of these instances were cases of the abuser, not the abused, using alcohol. Surely, policy implications can be drawn from these findings about the role of alcohol/drug abuse in family violence.

Finally, we turn to the subject of system responses to the report; again, these were coded from narratives on the forms, and some information was available on 97 percent of the forms. The information in Table III-11 is based on this total only. In summary, 5 percent of the cases involved court/disciplinary/legal action (excluding notifying the commanding officer), over a third were served by immediate or short-term crisis services, and nearly 60 percent were served by long-term or support services. (Examples of short-term services are: emergency medical care and referral to battered women's shelter. Examples of support services are: long-term counseling and referral for alcohol treatment.) It is particularly noteworthy that the Navy provided the vast majority of services, perhaps reflecting the absence of available civilian resources, and that they notified civilian authorities in only about 5 percent of the cases. In fact, adding together all types of civilian involvement, civilians were involved in only 16 percent of the spouse abuse cases. It should also be noted that in over 10 percent of the cases, the individual

involved took some action to remedy the situation himself/herself, such as seeking a divorce. Family Service Centers were involved in 11 percent of the cases. Commanding officers were notified in 10 percent of the cases, regardless of whether the abuser was indicated as military. Finally, in most of the remaining reports, at minimum the case was investigated, and options were outlined for the victim and/or abuser.

TABLE III-11
SYSTEM RESPONSES
(N=2291)

	Percent
<u>Court/disciplinary/legal action - all</u>	5.9
Navy	1.1
Civilian	2.7
Unspecified	1.1
<u>Immediate or short-term crisis services - all</u>	34.0
Navy	23.7
Civilian	2.0
Unspecified	10.6
<u>Long-term or support services - all</u>	58.9
Navy	46.0
Civilian	7.8
Unspecified	17.0
<u>Miscellaneous responses</u>	
Involved person took action to remedy situation	12.5
Civilian authorities notified by Navy	4.7
Family Service Center notified or already involved in case	10.8

CHAPTER IV
ANALYSIS OF SEXUAL ASSAULT REPORTS

There are a total of 113 sexual assault reports, or only 3 percent of the data base. Given the general underrepresentation of reports from the latter part of 1982, it is particularly noteworthy that only 36 percent of sexual assault reports are from 1981, and nearly two-thirds are from 1982. It is highly unlikely that the incidence of sexual assault doubled between the two years, and it is probable that the finding reflects an increased attention the Navy is giving the problem. Nearly all the reports come from form type 2 (see Table IV-1) -- a "suspected" form type; reflecting this fact, even after possible modifications by Navy central review, 96 percent remained labeled as suspected. Perhaps this raises the question of what constitutes "established" sexual assault, and whether criteria should be determined so that more cases may be established. Because this subset of the data base is so small and because form type 2 is less inclusive than the others, less information is available for the analysis of sexual assault. For example, there is no sponsor information.

TABLE IV-1

FORM TYPE

(N=113)

<u>Form Type</u>	<u>Percent</u>
1	0.0
2	92.0
3	0.9
4	7.1
5	0.0

Victim Characteristics

As is true for spouse abuse as well, the vast majority of sexual assault victims are female (92 percent). However, it is significant that as many as 8 percent are male, and the Navy might want to consider whether different investigatory and service procedures are needed for these cases. The median age of victim is 20.2 years and 22 percent of the victims are under 18 years of age. Again, there may be special considerations for dealing with these younger victims. Interestingly, while a small percentage of spouse abuse victims are military persons (only 14 percent), nearly half of all sexual assault/rape victims (49 percent) are active military persons. For the 27 victims for which information is available, 74 percent are at the general apprenticeship level and the remainder are petty officers.

Abuser Characteristics

Perhaps the most significant finding pertaining to abusers in sexual assault/rape cases is that 79 percent of the abusers are unknown to the victims and the remaining 21 percent are classified as non-relatives (but known to

victims). Thus, it would seem that these two different situations would necessitate different prevention and treatment considerations.

Because so many abusers were unknown persons and presumably because many of them were not apprehended, information on abusers is fairly limited. We do know that for the two-thirds of the cases in which information is available, all of the abusers are male. Age information is limited to only 21 cases, and the median age is 23.0 years. For the 36 cases where information is available, 61 percent of the abusers are known to be active military men; there are none of retired military status.

Case Information

Fifty-two percent of these cases are reported as sexual assault reports and 48 percent as rape reports. When maltreatments were coded from narrative questions, the type of maltreatment reflects this finding. As Table IV-2 indicates, nearly all maltreatments indicated are sexual. In fact, one suspects there was some physical abuse as well, but either these were not recorded as relevant or not identified during the coding process. There are no known fatalities coming from this group.

TABLE IV-2
TYPE OF MALTREATMENT*
(N=112)

	<u>Percent</u>
No maltreatment indicated	0.9
Threatening behavior	0.9
Physical maltreatment	3.6
Sexual maltreatment	97.3
Deprivation of necessities	0.0
Emotional maltreatment	0.0

*May sum to greater than 100% because more than one maltreatment may have been indicated.

The majority of reports were self-referred to medical authorities, but over a quarter came from civilian or military police. (See Table IV-3.) Stress factors were not identified by the reporter for obvious reasons, and there is minimal information on alcohol involvement. Twenty percent of the victims were using alcohol/drugs at the time of the assault, and for those few cases in which information was available (only 35 cases), 46 percent of the abusers were involved in alcohol or drug use.

TABLE IV-3
SOURCE OF REPORT TO MEDICAL AUTHORITIES
(N=82)

	<u>Percent</u>
Civilian police	15.9
Military police/security	12.2
Self-referred	53.7
Medical personnel	7.3
Other	11.1

Turning to system responses, 6 percent of the cases involved court/disciplinary/legal action, 47 percent involved immediate or short-term crisis services, and long-term or support services were provided in 51 percent of the cases (see Table IV-4). It is noteworthy that sexual assault cases received more crisis services and fewer long-term services than either child or spouse abuse cases. This undoubtedly reflects the crisis nature of the rape/sexual assault; however, there may well be greater need for follow-up services than is currently recognized. Civilian agencies were involved relatively less in sexual assault cases than in child abuse cases, but relatively more than in spouse abuse cases. In nearly a quarter of the cases, civilian authorities were notified by the Navy, and in 41 percent of the cases, they were involved in some way. Given the fact that most abusers are unknown to the victim and thus to the reporter, commanding officers were notified in only 5 percent of the cases.

TABLE IV-4
SYSTEM RESPONSES
(N=110)

	<u>Percent</u>
<u>Court/disciplinary/legal action - all</u>	<u>6.4</u>
Navy	1.8
Civilian	2.7
Unspecified	1.8
 <u>Immediate or short-term crisis services - all</u>	 <u>47.3</u>
Navy	31.8
Civilian	10.0
Unspecified	12.7
 <u>Long-term or support services - all</u>	 <u>50.9</u>
Navy	31.8
Civilian	8.2
Unspecified	20.0
 <u>Miscellaneous responses</u>	
Involved person took action to remedy situation	0.9
Civilian authorities notified by Navy	23.6
Family Service Center notified or already involved in case	2.7

CHAPTER V

SUMMARY ANALYSIS OF FAMILY ADVOCACY PROGRAM REPORTS

This chapter examines characteristics of the entire Central Registry data base. Its intent is to highlight general information that should be of management interest, and to point out significant differences among the different incident types. It is divided into three sections: sponsor characteristics, abuser characteristics, and system responses.

Sponsor Characteristics

Who are the sponsors -- whether abuser, or victim, or neither -- whose families face problems that involve them in the Family Advocacy Program? Regardless of the nature of the maltreatment, who are the persons with whom the FAR's regularly deal? Nearly all sponsors are male (96 percent), their median age is 24.9 years and the majority are white (68.0%). Interestingly, the race of sponsor varies considerably between the child abuse/neglect and the spouse abuse subsets. (This information is not available for sexual assault reports.) As Table V-1 indicates, there is a larger proportion of blacks represented in the spouse abuse group. A later report will analyze this finding in relation to demographic characteristics of Navy personnel.

TABLE V-1
RACE OF SPONSOR
(PERCENT)

	Child Abuse/ Neglect (N=324)	Spouse Abuse (N=624)
White	83.6	60.4
Black	10.5	32.4
Other	5.9	7.2

Concerning the military profile of sponsors, Table V-2 portrays branch of service. Note that there are many more Marines represented in the spouse abuse group. Table V-3 shows the rate/grade distribution for sponsors. Note that there is a slight tendency for sponsors in spouse abuse cases to be of lower rate/grades.

TABLE V-2
SPONSOR BRANCH OF SERVICE
(PERCENT)

	Child Abuse/ Neglect (N=492)	Spouse Abuse (N=460)
Navy	68.7	48.7
Marines	30.9	51.1
Other	0.4	0.0

TABLE V-3
RATE/GRADE OF SPONSOR
(PERCENT)

	Child Abuse/ Neglect (N=299)	Spouse Abuse (N=375)
<u>General Apprenticeship - Total</u>	<u>24.1</u>	<u>30.4</u>
E-1	1.3	3.2
E-2	5.4	8.5
E-3	17.4	18.7
<u>Petty Officers - Total</u>	<u>71.6</u>	<u>65.6</u>
E-4	20.1	18.4
E-5	23.4	25.6
E-6	17.7	14.4
E-7	8.0	6.1
E-8	2.3	1.1
E-9	0.0	0.0
<u>Warrant Officers - Total*</u>	<u>0.3</u>	<u>0.3</u>
<u>Commissioned Officers - Total*</u>	<u>4.0</u>	<u>3.7</u>

*The number of cases falling into this category is too small to permit finer breakdown.

Abuser Characteristics

What are the characteristics of abusers in Navy family advocacy cases? In particular, what is their military profile? While the vast majority are active military persons (81 percent), the proportion varies by incident type. Abusers of spouses are most likely to be military persons (88 percent) and child abusers are military 63 percent of the time. (There is insufficient information on unknown assailants to evaluate the involvement of military persons in sexual assault cases.) Interestingly, Marines are represented as 28 percent of the child abusers, but as 51 percent of the spouse abusers. This finding merits further study. Finally, as Table V-4 indicates, there is some tendency for abusers in spouse abuse cases to be of lower rate/grade than there is in child abuse cases.

TABLE V-4
RATE/GRADE OF ABUSER
(PERCENT)

	Child Abuse/ Neglect (N=309)	Spouse Abuse (N=1120)
<u>General Apprenticeship - Total</u>	<u>20.4</u>	<u>27.6</u>
E-1	2.3	2.6
E-2	4.9	5.8
E-3	13.3	19.2
<u>Petty Officers - Total</u>	<u>73.5</u>	<u>69.1</u>
E-4	17.2	19.3
E-5	23.3	28.3
E-6	23.0	14.3
E-7	8.7	5.4
E-8	1.3	1.7
E-9	-	0.1
<u>Warrant Officers - Total*</u>	<u>0.7</u>	<u>0.4</u>
<u>Commissioned Officers - Total*</u>	<u>5.9</u>	<u>2.9</u>

*The number of cases falling into this category is too small to permit finer breakdown.

In terms of demographic characteristics, only in child abuse is a considerable proportion of abusers female (36 percent). The median age of all abusers is 25.4 years, and this varies only slightly by incident type. As was true for sponsors, the racial composition of abusers varies considerably (see Table V-5).

TABLE V-5
RACE OF ABUSER
(PERCENT)

	Child Abuse/ Neglect (N=411)	Spouse Abuse (N=640)
White	81.7	59.5
Black	12.5	32.7
Other	5.8	7.8

System Responses

Perhaps the most important findings of this report relate to how the Navy responds to family advocacy reports, and to the extent to which civilian resources are employed. Table V-6 summarizes system responses to reports of each incident type and to reports as a whole. Several noteworthy findings should be pointed out. First, for the data base as a whole and for each incident type as well, long-term or support services are the most frequent kind of system response; these are provided in three-fifths of all reports. Immediate or short-term services are provided in over a third of the cases, and court/disciplinary/legal acts (excluding notifying the commanding officer) occur in fewer than 10 percent of the cases. Second, the total amount and the relative frequency of each type of response vary by incident type. For

example, there is over twice as much court action in child abuse cases as in the other two types. Also, there is relatively more crisis response and less support response in sexual assault cases compared to the other two types. Third, overall, the Navy is providing many more long-term and short-term services than are civilian agencies, but civilians are engaging in court/legal action more often. Finally, there are noteworthy differences relating to civilian services among the incident types. In child abuse cases, civilian court action is quite high, as are civilian short-term and long-term services. At the other extreme, civilian involvement in spouse abuse cases is minimal. In the middle are sexual assault/rape cases. In earlier chapters, a composite measure of civilian involvement was discussed, a measure that includes the Navy notifying civilian authorities plus any indication of civilian legal action or service provision. Overall, civilian involvement of some kind occurred in 36 percent of all cases, but the differences among incident types are tremendous: civilians were involved in 76 percent of all child abuse cases, 41 percent of all sexual assault/rape cases, and only 16 percent of all spouse abuse cases. Certainly, this reflects varying legal requirements as well as common interpretations about the meaning and seriousness of each incident type.

TABLE V-6
SYSTEM RESPONSES
(PERCENT)

	Child Abuse/ Neglect (N=1117)	Spouse Abuse (N=2293)	Sexual Assault/Rape (N=110)	Total (N=3520)
<u>Court/disciplinary/legal action - all</u>	<u>13.8</u>	<u>5.0</u>	<u>6.4</u>	<u>7.8</u>
Navy	1.4	1.1	1.8	1.2
Civilian	12.0	2.7	2.7	5.6
Unspecified	0.8	1.1	1.8	1.1
<u>Immediate or short-term crisis services - all</u>	<u>40.5</u>	<u>34.0</u>	<u>47.3</u>	<u>36.5</u>
Navy	20.8	23.7	31.8	23.0
Civilian	10.4	2.0	10.0	4.9
Unspecified	14.1	10.6	12.7	11.7
<u>Long-term or support services - all</u>	<u>65.3</u>	<u>58.9</u>	<u>50.9</u>	<u>60.6</u>
Navy	43.3	46.0	31.8	44.7
Civilian	27.8	7.8	8.2	14.2
Unspecified	22.6	17.0	20.0	18.9
<u>Miscellaneous responses</u>				
Involved person took action to remedy situation	5.4	12.5	0.9	9.9
Civilian authorities notified by Navy	46.4	4.7	23.6	18.5
Family Service Center notified or already involved in case	3.8	10.8	2.7	8.3

The extent to which commanding officers are involved in cases raises interesting questions. Among cases in which the abuser is an active military person, only 11 percent of the cases are referred to commanding officers. Based only on coded narrative responses, commanding officers are notified in 13 percent of child abuse cases, 10 percent of spouse abuse cases, and 9 percent of sexual assault cases (the latter based only on 22 reports). However, on the forms that provided a place for reporters to check off whether the CO was to be notified (form type 1 -- established child abuse/neglect), 52 percent were answered affirmatively. Two issues must be considered. First, should the reporter systematically be asked to indicate this on all reports? That is, should forms be redesigned to capture this kind of information? Second, should guidelines be established so that uniform standards are applied to the involvement of commanding officers? If so, what safeguards can/should be provided to protect the abuser while simultaneously protecting his/her family from future maltreatment?

The whole subject of Navy responses to family advocacy reports deserves study in the light of these findings. The data raise -- but cannot answer -- questions about the following issues:

- the availability of various types of services at different locations;
- standards for involving civilian authorities in legal matters and service provision;
- the extent to which forms should be redesigned to permit more uniform collection of information;
- the extent to which commanding officers can/should be involved;
- the role of the Family Service Center in relation to family advocacy problems;
- confidentiality and the Central Registry;

- reports that are made at local facilities that are neither "suspected" or "established," and that never get into the Central Registry -- how they are served.

Issues related to the topic of information systems and information flow will be addressed in another phase of this project.

APPENDIX

TABLE A-1
FORM DESCRIPTIONS

FORM TYPE	DESCRIPTION	NUMBER OF REPORTS	PERCENT
<u>1</u>	<u>Established Child Abuse/Neglect</u>	<u>350</u>	<u>9.5</u>
	"Established Child Abuse/Neglect Report" NAVME 6320/15 (Revised 3/78)	198	5.4
	"Child Abuse/Neglect Report" NAVMED 6320/15 (2/76)	152	4.1
<u>2</u>	<u>Suspected Abuse/Neglect/Sexual Assault and Rape</u>	<u>2404</u>	<u>65.3</u>
	"Suspected Abuse/Neglect/Sexual Assault and Rape Report" NAVMED 6320/15A (Revised 7/79)	2226	60.5
	"Suspected Abuse/Neglect/Sexual Assault and Rape Report" San Diego version NAVMED 6320/15A (Revised 7/79)	156	4.2
	"Suspected Child Abuse/Neglect Report" NAVMED 6320/15A (3/78)	12	0.3
	"Suspected Abuse/Neglect/Sexual Assault and Rape Report" NRMCL Form 6320/26 (9/81)	1	0.0
	"Spouse Abuse Incident Report" (MED 6320-22) (3/79) and 27Feb'79 versions	5	0.1
	"Spouse Abuse Incident Report" BUMEDNOTE 6320 19Nov'76	4	0.1
<u>3</u>	<u>Established Spouse Abuse/Neglect</u>	<u>409</u>	<u>11.1</u>
	"Established Spouse Abuse/Neglect Report" NAVMED 6320/21 (7/79)	409	11.1
<u>4</u>	<u>Family Advocacy Case Management</u>	<u>450</u>	<u>12.2</u>
	"Family Advocacy Case Management Report" (draft)	439	11.9
	"Family Advocacy Case Management Report" NRMCL PTSVA 5800/8	1	0.0
	"Family Advocacy Case Management Report" NRMCL PTSVA 5800/8 (Revised 4/82)	10	0.3
<u>5</u>	<u>Others</u>	<u>67</u>	<u>1.8</u>
	"Case Management Incident Report" (Army) 01Jul'78	37	1.0
	"Child Advocacy Committee (CAC) Report" (See reverse side for instructions & codes) (Air Force) Jul'81	13	0.4
	"Child Advocacy Committee (CAC) Report" (Air Force) Apr'75	16	0.4
	"Suspected Child Abuse/Neglect Report" NRMCL 5800/78	1	0.0

TABLE A - 2
ADDITIONAL REPORTING FACILITY CATEGORIES

<u>CATEGORY</u>	<u>LOCATION</u>	<u>NUMBER OF REPORTS</u>
<u>Naval Air Stations</u>		<u>34</u>
	Kingsville, TX	14
	Willow Grove, PA	11
	Beeville, TX	4
	Milton, FL	2
	Marietta, GA	1
	Dallas, TX	1
	Alameda, CA	1
<u>Other Navy Locations</u>		<u>25</u>
	Exmouth, Western Australia	4
	Oak Knoll	2
	China Lake, CA	2
	Treasure Island	1
	Edzell, Scotland	1
	Atsugi, Japan	8
	Vallejo, CA	3
	Colt's Neck, NJ	1
	Lakehurst, NJ	3
<u>Marine Corps Air Stations</u>		<u>53</u>
	Santa Ana, CA	53
<u>Other Marine Locations</u>		<u>1</u>
	Barstow, CA	1

TABLE A-3

MASTER VARIABLE LIST

	FORM TYPE	FORM TYPE	FORM TYPE	FORM TYPE
	1	2	3	4
I. Identifiers Report date, facility identification	I	top	1	I
II. Victim Age, race, sex, military status, alcohol involvement	II.1	2	2	III
III. Sponsor Age, race, sex, military status, marital status, alcohol involvement	II.2	-	4	II
IV. Abuser Age, race, sex, military status, alcohol involvement	II.2 II.3 II.4	2	3,4	IV
V. Relationship Victim to sponsor, Victim to abuser	II.1	4,5	7,8e	IVg
VI. Case information Additional dates, source of report, type of report made, medical diagnosis, alcohol, etc.	III.1,2 IV.3 V.	1 3	6,8	V
Stresses, maltreatments, fatalities, system responses	III.3 IV.2	4 5	7 8e	Vh

TABLE A-4
ALCOHOL/DRUGS AS AN ISSUE IN CASE

<u>INDICATOR</u>	<u>FORM TYPE</u>	<u>PERCENTAGE</u>	<u>NUMBER OF REPORTS</u>
Is alcohol use an issue in this case? Yes OR Alcohol use/abuse - checked	1 3	40.2	408
Victim: alcohol/drug involvement - Yes	2	15.8	1489
Abuser: alcohol/drug involvement - Yes	2	43.7	1541
Drug use/abuse - checked	3	3.2	408
If incident involved alcohol use by victim	4	10.8	269
If incident involved drug use by victim	4	0.7	269
If incident involved alcohol use by maltreater	4	36.1	269
If incident involved drug use by maltreater	4	3.0	269

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

REPORT OF THE DIRECTOR OF THE FBI
ON THE ACTS OF VIOLENCE

1. REPORTING AGENCY

2. REPORT DATE

3. CAPABILITY OF OTHER THAN REPORTING AGENCY

4. ADDITIONAL INFORMATION DATA

5. SOURCE IDENTIFICATION

6. SOURCE IDENTIFICATION

7. SOURCE IDENTIFICATION

8. SOURCE IDENTIFICATION

9. SOURCE IDENTIFICATION

10. SOURCE IDENTIFICATION

11. SOURCE IDENTIFICATION

12. SOURCE IDENTIFICATION

13. SOURCE IDENTIFICATION

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79. SOURCE IDENTIFICATION

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98. SOURCE IDENTIFICATION

99. SOURCE IDENTIFICATION

100. SOURCE IDENTIFICATION

FIGURE A-1 (continued)

3 SUMMARY OF HISTORY

FIGURE A-2

FORM TYPE 2 -- SUSPECTED ABUSE/NEGLECT/SEXUAL ASSAULT AND RAPE

SUSPECTED ABUSE/NEGLECT/SEXUAL ASSAULT AND RAPE REPORT
NAVED 6320/15A (Rev. 7-79)

MED 6320-20

REPORTING FACILITY: _____ DATE: _____

1. Incident Type: (i.e., sexual assault; physical abuse; emotional abuse; rape, etc.)

2. IDENTIFICATION: (No names, social security numbers or other personal identifications are to be used in reporting)

ABUSER

ABUSED

AGE: _____	AGE: _____
SEX: _____	SEX: _____
ORGANIZATION: _____	ORGANIZATION: _____
RATE OR GRADE: _____	RATE OR GRADE: _____
ALCOHOL/DRUG INVOLVEMENT YES_ NO_	ALCOHOL/DRUG INVOLVEMENT YES_ NO_
SPECIFY: _____	SPECIFY: _____

3. HOW WAS INCIDENT BROUGHT TO THE ATTENTION OF MEDICAL AUTHORITIES?

Self referred

Referred by police/security/medical personnel

Individual brought to medical facility by _____
(Specify relationship to individual)

4. SUMMARY OF INCIDENT: (Brief summary of what, when, where, how, and why.)

5. SUMMARY OF ACTIONS TAKEN SUBSEQUENT TO INCIDENT: (Include what, when, where, how, and why status of action as of date of report.)

See reverse side if more space required.

Signature: _____
(Family Advocacy Representative)

FIGURE A-3

FORM TYPE 3 -- ESTABLISHED SPOUSE ABUSE/NEGLECT

ESTABLISHED SPOUSE ABUSE/NEGLECT REPORT
NAVJED 6320/21 (7-79)

NAVJED 6320-22

1. General

Report Date:

a. Reporting facility

- (1) Short name:
- (2) Branch service:
- (3) UIC:
- (4) City, State, Zip:

b. Facility which provided initial identification/intervention (if other than reporting facility)

- (1) Short name:
- (2) Branch service:
- (3) UIC:
- (4) City, State, Zip:

2. Abused identification data (If military member, complete section 4.)

Name (last, first, middle)

- a. Date of birth:
- b. Race:
- c. Sex:

3. Abuser identification data (If military member, complete section 4.)

Name (last, first, middle)

- a. Date of birth:
- b. Race:
- c. Sex:

4. Military member's identification data

☐ abuser ☐ abused is military sponsor

- a. Grade/rate:
- b. SSN:
- c. Branch of service:
- d. Organization UIC:

FIGURE A-3 (continued)

MRD 6320-22

5. Other person(s) identification (directly involved)

☐ If more than one person, place an "X" in this block and incorporate this information in section 7.

- a. Name (last, first, middle):
- b. Blood relative (specify):
- c. SSN:

6. Incident data

a. Type incident (i.e., physical, neglect, sexual, etc.): Brought to medical attention by:

b. Medical conditions diagnosed, related to abuse/neglect (9999 codes are contained in the current edition of the International Classification of Diseases, Adapted (ICDA)). Report eight maximum in order of severity:

1. 2. 3. 4. 5. 6. 7. 8.

7. Summary of incident:

FIGURE A-3 (continued)

MED 6320-22

8. Family Advocacy Committee (FAC)

- a. Date convened:
- b. Decision supported by information obtained from:
____attending physician ____general medical personnel
____civilian legal agencies ____civilian social service agencies
____NIS ____JAG investigation ____sponsor's command
- c. ____first incident ____repeat incident (specify in summary)
____follow-up required
- d. ____drug use/abuse ____alcohol use/abuse
If drug/alcohol involved; indicate past
treatment/identification and referrals made pertaining to
drug/alcohol involvement.
- e. Summary of FAC recommendations and actions taken:

f. FAC Chairman

Family Advocacy Representative (FAR)

(Please print or type)

- (1) Name:
- (2) Signature:
- (3) Date:

- (1) Name:
- (2) Signature:
- (3) Date:

FIGURE A-4
FORM TYPE 4 -- FAMILY ADVOCACY CASE MANAGEMENT

FAMILY ADVOCACY CASE MANAGEMENT REPORT

(DRAFT)

Instructions: Fill in necessary information (please print or type) and circle numbers pertaining to other appropriate responses, i.e.

Date of Report (month/day/year) 3/21/80

Type of Report:

Initial - (1) Follow-up - 2 Final - 3 Correction - 4

*Note: Full identification of all concerned is required for suspected and established

I. General Incidents:

a. Name and address of Medical Treatment Facility (MTF):

b. MTF's Unit Identification Code (UIC): 68093

c. Date of Report (month/day/year): 9/17/81

d. Type of Report:

Initial - 1 Follow-up - (2) Final - 3 Correction - 4

e. Family Advocacy Committee (FAC), case determination

Suspected - 1 Established - (2)

f. Established diagnosis based upon: MIS - 1; JAG - 2; Military law enforcement - (3) Civilian law enforcement - 4; Military social service - (5); Civilian social service/welfare/protection agency - 6; Admission by perpetrator - 7

II. Sponsor Identification Data

a. Sponsors Name (last, first, middle initial):

b. Social Security Number:

c. Grade Code (E1 through E9; O1 through O10; Civ): E1

d. Branch of Service/Status

Army - 1

Marine - (3)

US Foreign Service - 7

Air Force - 2

Coast Guard - 5

Foreign Military - 8

Navy - 3

Public Health - 6

Civilian - 9

e. Name and address of sponsors command: 1 Co. 3rd Bn, 2d MARINES, 2d MARDIV

f. Sponsor command's Unit Identification Code (UIC):

III. Identification Data of Maltreated Victim

a. Name (last, first, middle initial):

b. Sex: Male - 1 Female - (2)

c. Age (at time of incident): 22

d. Date of birth (month/day/year): 7/2/59

FIGURE A-4 (continued)

e. Population Group

Red (American Indian) = 1
 Yellow (Asian Mongoloid) = 2
 Black (Negroid or African) = ①
 White (Caucasoid) = 4
 Other = 3
 Unknown = 6

f. Category of Maltreated/Victim

Military member = 1 Civilian Adult = 4
 Military Dependent Adult = ② Civilian Child = 5
 Military Dependent Child = 3

IV. Identification of Alleged Maltreater(s)

(Note: If more than one maltreater, provide duplicate information and attach)

a. Name (last, first, middle initial)

b. Sex

Male = ① Female = 2

c. Age 21

d. Date of birth (month/day/year) 5/4/60

e. Population Group

Red (American Indian) = 1
 Yellow (Asian Mongoloid) = 2
 Black (Negroid or African) = ①
 White (Caucasoid) = 4
 Other = 3
 Unknown = 6

f. Category of Maltreater

Sponsor = ① Military Dependent Child = 4
 Sponsor's Spouse = 2 Military Member = 5
 Military Dependent Adult = 3 Civilian = 6

g. Relationship of Maltreater to Maltreated/Victim

(P = Paternal; M = Maternal)

Relationship Codes:

Father	= 01	Stepsister	= 14	Grandfather (P)*	= 26
Stepfather	= 02	Nephew	= 15	Grandmother (P)*	= 27
Adoptive Father	= 03	Niece	= 16	Grandfather (M)*	= 28
Foster Father	= 04	Uncle (P)*	= 17	Grandmother (M)*	= 29
Mother	= 05	Aunt (P)*	= 18	Husband	= ③①
Stepmother	= 06	Uncle (M)*	= 19	Wife	= 31
Adoptive Mother	= 07	Aunt (M)*	= 20	Boyfriend	= 32
Foster Mother	= 08	Cousin	= 21	Girlfriend	= 33
Brother	= 09	Teacher	= 22	Stranger	= 34
Halfbrother	= 10	Nursery Person	= 22	Unknown	= 35
Stepbrother	= 11	Babysitter	= 23		
Sister	= 12	Neighbor	= 24		
Halfsister	= 13	Friend of Family	= 25		

FIGURE A-4 (continued)

h. Grade Code of Maltreater E1

(E1 through E9; O1 through O10; Civ)

i. Branch of Service/Status of Maltreater

Army = 1	Marine = ④	US Foreign Service = 7
Air Force = 2	Coast Guard = 5	Foreign Military = 8
Navy = 3	Public Health = 6	Civilian = 9

V. Incident Identification

a. Date of Incident (day/month/year) 5 August 1981

b. Type of Maltreatment Incident

Child Physical Abuse = 01
 Child Physical Neglect = 02
 Child Psychological Abuse = 03
 Child Psychological Neglect = 04
 Child Sexual Abuse = 05
 Spouse Physical Abuse = ⑥
 Spouse Physical Neglect = 07
 Spouse Psychological Abuse = 08
 Spouse Psychological Neglect = 09
 Sexual Assault = 10
 Rape = 11

c. Incident brought to attention of FAR by:

Civilian Police = 01	Mil Social Serv Agency = 13
Military Police = ⑫	Anonymous Caller = 14
Civ. Social Services = 03	School = 15
Sponsor = 04	Family Friend = 16
Sponsor's Spouse = 05	Neighbor = 17
Sponsor's Command = 06	Legal Officer = 18
Emergency Room = 07	Chaplain = 19
Pediatric Clinic = 08	Child Care Center = 20
Inpatient Med Serv = 09	Babysitter = 21
Alcohol Treat Fac = 10	Dental Service = 22
Drug Treat Fac = 11	
Outpatient Serv = 12	

d. Location of Incident

Home = ①	Neighbors = 4
School = 2	Public Bldg/Space = 5
Family Friends = 3	

e. Additional Incident Reporting

Incident reported to Military Police = ①
 Incident reported to Civilian Authorities = 2
 Incident reported to Military & Civilian Authorities = 3
 Incident reported to Protective Services/Public Welfare = 4
 No report action taken = 5

f. Medical Treatment Required

(1) Medical condition diagnosed related to incident in order of severity (Use International Classification of Disease Handbook)

(a) None	(d)
(b) 924.00	(e)
(c)	(f)

FIGURE A-4 (continued)

(2) Medical attention required, physical care

Outpatient = 1
 Hospitalization for treatment = 2
 Hospitalization for observation = 3
 Hospitalization for safety = 4
 None = ⑤

g. Social - Medical Treatment

(1) Psychological/Psychiatric attention, Perpetrator

Outpatient = 1
 Hospitalization for treatment = 2
 Hospitalization for observation = 3
 Hospitalization for safety = 4
 None = ⑤

(2) Psychological/Psychiatric attention, Victim

Outpatient = ①
 Hospitalization for treatment = 2
 Hospitalization for observation = 3
 None = 4

(3) Legal/Administrative action required

3 Civilian = 1
 Military = ②
 Civilian and Military = 3

(4) Incident screened for alcohol and drug involvement by FAC

Yes = ① No = 2

(5) If incident involved alcohol

(a) Use by: Maltreater = 1
 Victim = 2
 Maltreater and Victim = 3

(b) Physical violence present in incident

Yes = 1 No = 2 Not known = 3

(c) Individuals screened for alcohol treatment by alcohol treatment facility

Yes = 1 No = 2

(d) Disposition of individuals screened for alcohol treatment

Perpetrator

No treatment required = 1
 Outpatient treatment = 2
 Inpatient treatment = 3

Victim

No treatment required = 4
 Outpatient treatment = 3
 Inpatient treatment = 6

(6) If incident involved drugs

(a) Use by: Maltreater = 1
 Victim = 2
 Maltreater and Victim = 3

(b) Physical violence present in incident

Yes = 1 No = 2

(c) Individuals screened for drug treatment by drug treatment facility

Yes = 1 No = 2

FIGURE A-4 (continued)

(C) Disposition of individuals screened for drug treatment

Perpetrator	Victim
No treatment required = ①	No treatment required = ④
Outpatient treatment = 2	Outpatient treatment = 5
Inpatient treatment = 3	Inpatient treatment = 6

(7) If sexual incident

- (a) Exhibitionism = 1
- Voyeurism = 2
- Genital Fondling = 3
- Vaginal intercourse = 4
- Anal intercourse = 5

(b) Physical violence involved

Yes = 1 No = 2

(c) Prior history of sexual incidents

Yes = 1 No = 2

h. If prior history:

(1) Length of time

less than 6 mo = 1
greater than 6 mo but less than one year = 2
greater than one year = ③
unknown = 4

(2) Frequency

greater than one but less than 5 = 1
greater than 5 but less than 10 = ②
greater than 10 = 3
unknown = 4

(3) Previous legal action of similar nature against perpetrator

Yes = 1 No = 2

FAMILY FACTORS (of victim)
(Circle appropriate Factors)

- Single parent, never married = 1
- Single parent, separated = 2
- Single parent, divorced = 3
- Single parent, live-in boyfriend = 4
- Single parent, live-in girlfriend = 5
- Dual parents, both military members = 6
- Dual parents, father military member, mother not employed = 7
- Dual parents, father military member, mother employed = 8
- Dual parents, mother military member, father employed = 9
- Dual parents, mother military member, father not employed = 10
- Dual parents, father deployed during incident = 11
- Dual parents, mother deployed during incident = 12
- Dual parents, both in area during incident = 13
- Dual parents, mother having extra-marital affair = 14
- Dual parents, father having extra-marital affair = 15
- Dual parents, both having extra-marital affairs = 16
- Father, history of abuse as a child = 17
- Father, member of alcoholic family as child = 18

FIGURE A-4 (continued)

Father, current alcohol problems = 19
Father, physical handicap = 20
Father, history of spouse abuse = 21
Father, social isolation = 22
Mother, history of abuse as a child = 23
Mother, member of alcoholic family as child = 24
Mother, current alcohol problems = 25
Mother, physical handicap = 26
Mother, history of spouse abuse = (27)
Mother, social isolation = (28)
Victim, social isolation = 29
Victim, physical handicap = 30
Insufficient income = (31)
Pregnancy = 32
New baby in the home = (33)
Recent relocation (within 6 mo) = 34
Inadequate housing = 35
Misuse of adequate income = (36)
Married, no children = 37

Summary of Incident:

She came home late and he got upset and began hitting her. She called the Military Police.

Outline of Treatment Plans:

Make counseling available to both.

Recommendations applicable to any administrative/legal action:

Reported as per BUMEDINST 6320.57 requires.

FAR

Name: _____

Name: _____

Phone No: _____

Phone No: _____

Signature: _____

Signature: _____